FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 PM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S40227** **(8)**

1. Corporation Name

PRIME HEALTH CORPORATION

600001493425
-05/17/95--01171--017
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~C/O FLORIDA REGISTERED AGENTS, INC.~~ ~~100 SE 2 ST #3600~~ ~~MIAMI FL 33131~~	~~C/O FLORIDA REGISTERED AGENTS, INC.~~ ~~100 SE 2 ST #3600~~ ~~MIAMI FL 33131~~

3. Date Incorporated or Qualified: 03/25/1991
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21: 2400 S. DIXIE HIGHWAY
Suite, Apt. #, etc 22: SUITE 200
City & State 23: MIAMI, FL
Zip 24: 33133 Country 25: US

2a. Mailing Address
26: 2400 S. DIXIE HIGHWAY
Suite, Apt. #, etc 27: SUITE 200
City & State 28: MIAMI, FL
Zip 29: 33133 Country 30: US

4. FEI Number: 65-0255079 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~FLORIDA REGISTERED AGENTS, INC.~~
~~100 SOUTHEAST 2ND STREET, #3600~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: GARY C. MATZNER
82 Street Address (P.O. Box Number is Not Acceptable): 2400 S. DIXIE HIGHWAY, SUITE 200
83
84 City: MIAMI FL 85 Zip Code: 33133

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature of Typed or Printed name of registered agent and if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	ZISKIND, J.A.	12 NAME		
STREET ADDRESS	100 SE 2 ST #3600	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP		
TITLE	D	21 TITLE	S/T	☒ Change ☐ Addition
NAME	MATZNER, GARY C.	22 NAME		
STREET ADDRESS	100 SE 2 ST #3600	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	TAW 5-1-95	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____ Telephone Number #
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

0127694 CP